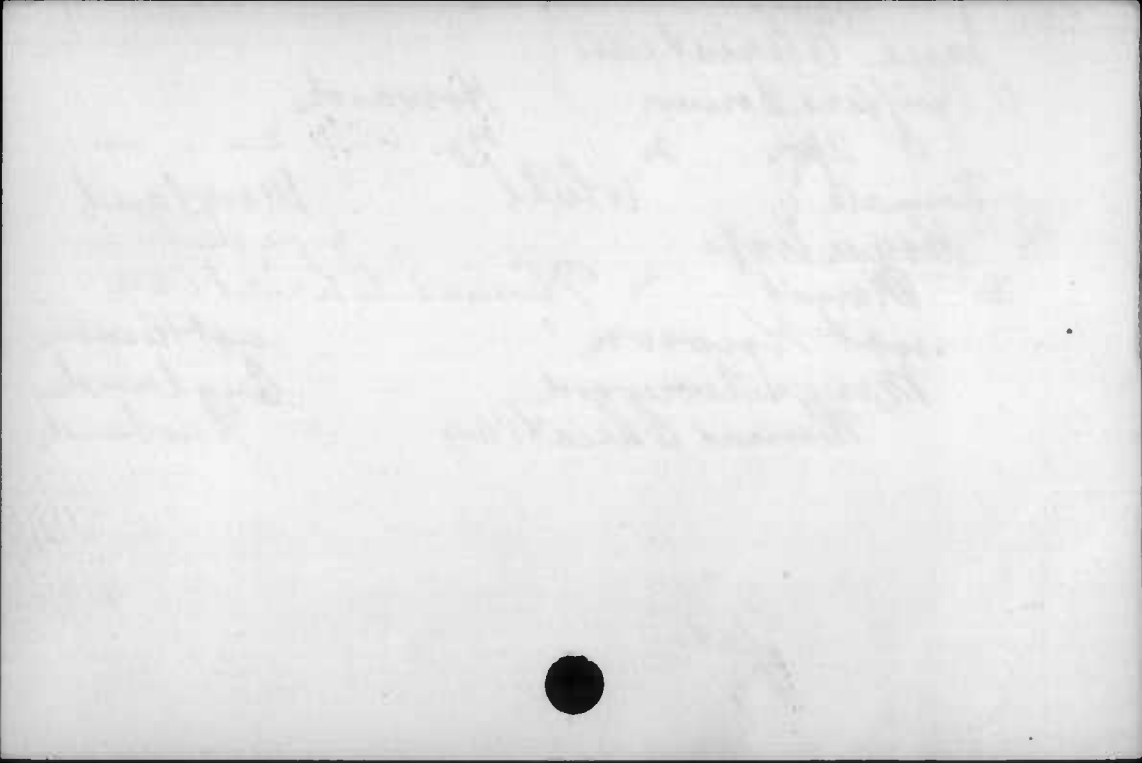


Name In Full		Hannah Frances Bunn				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Lisbon</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND			
		Date of death	<i>1909</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>17</i> <small>Day</small>	<i>94</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>13</i> <small>Days</small>	
		Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Howard Co</i>
		Occupation	<i>Housewife</i>		Where Residing if not at place of death				
		Married, Single Widowed	Name of Wife or Husband <i>John Bunn</i>						
PHYSICIAN OR CORONER		Father's Name	<i>Chas. A. Mills</i>			Father's Birthplace	<i>Balto. City</i>		
		Mother's Maiden Name	<i>Elizabeth Jones</i>			Mother's Birthplace	<i>Balto. City</i>		
		Name of person giving information	<i>Hannah C. Barnes</i>			How related to deceased	<i>Niece.</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto;">154</div>									
PHYSICIAN OR CORONER		Primary			How long				
		<i>Asthenia</i>			How long <i>3 weeks</i>				
		Immediate							
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>J. Albert Nee,</i>				
PHYSICIAN OR CORONER					Address <i>Lisbon,</i>				
					<i>Md.</i>				
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jane Christian</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Bluffers Corner</i>		Town		Days	
Date of death <i>1909 Apr.</i>		Month		Years	
Day <i>2</i>		Age <i>70</i>		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of wife or Husband <i>Thomas Christian</i>			
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>Mary Silverwood</i>		Mother's Birthplace <i>England</i>			
Name of person giving information <i>Thomas Christian</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Organic heart + kidney disease 5 yrs</i>	How long	<i>also women of cervix</i>
Immediate	<i>Uremic poisoning</i>		<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>		Signature of Physician <i>R. E. Shroy</i>	
		Address <i>Ellicott City</i>	
Accident or Suicide			



Name
in
Full

Mary Elizabeth Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

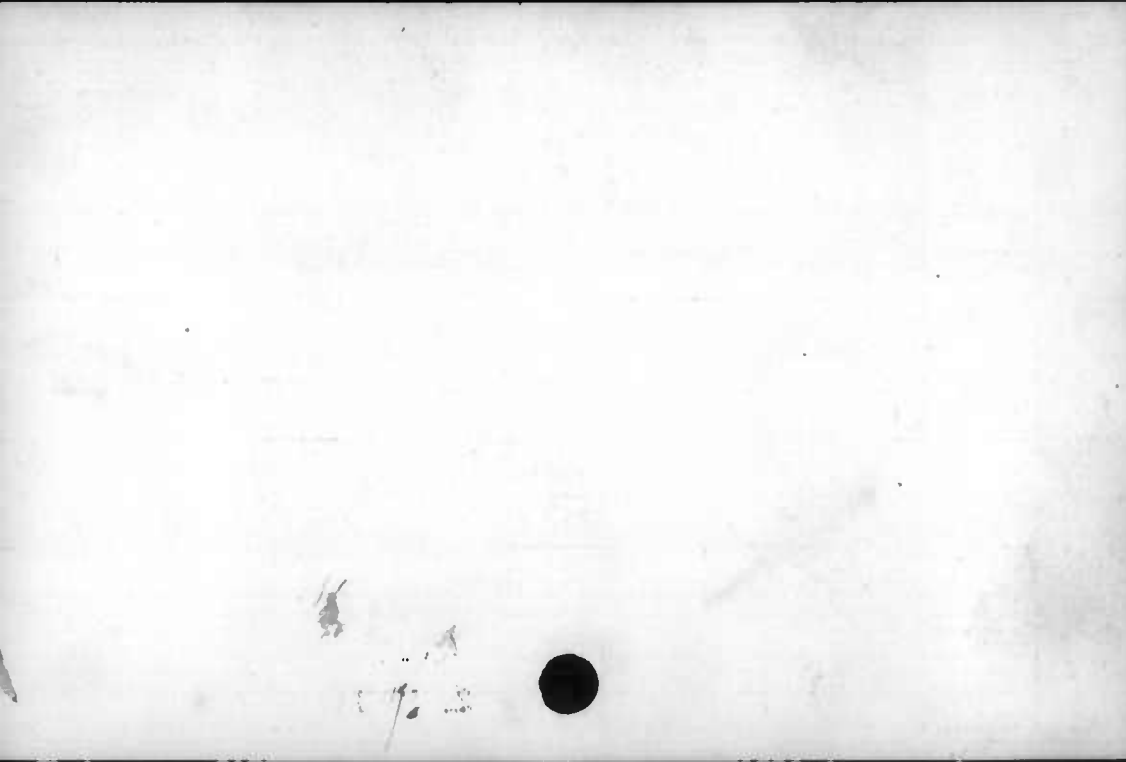
Died at <u>Glennwood</u> Town		County <u>Howard</u>		MARYLAND	
Date of death	1909	Month	April	Day	16
Age	Years		Months		Days
Sex	Female		Color or Race	Black	
Occupation			Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

87

PHYSICIAN
OR CORONER

Primary	<u>Cold</u>	How long	
Immediate	<u>Convulsions</u>	How long	<u>5 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Matilda S. Crum.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

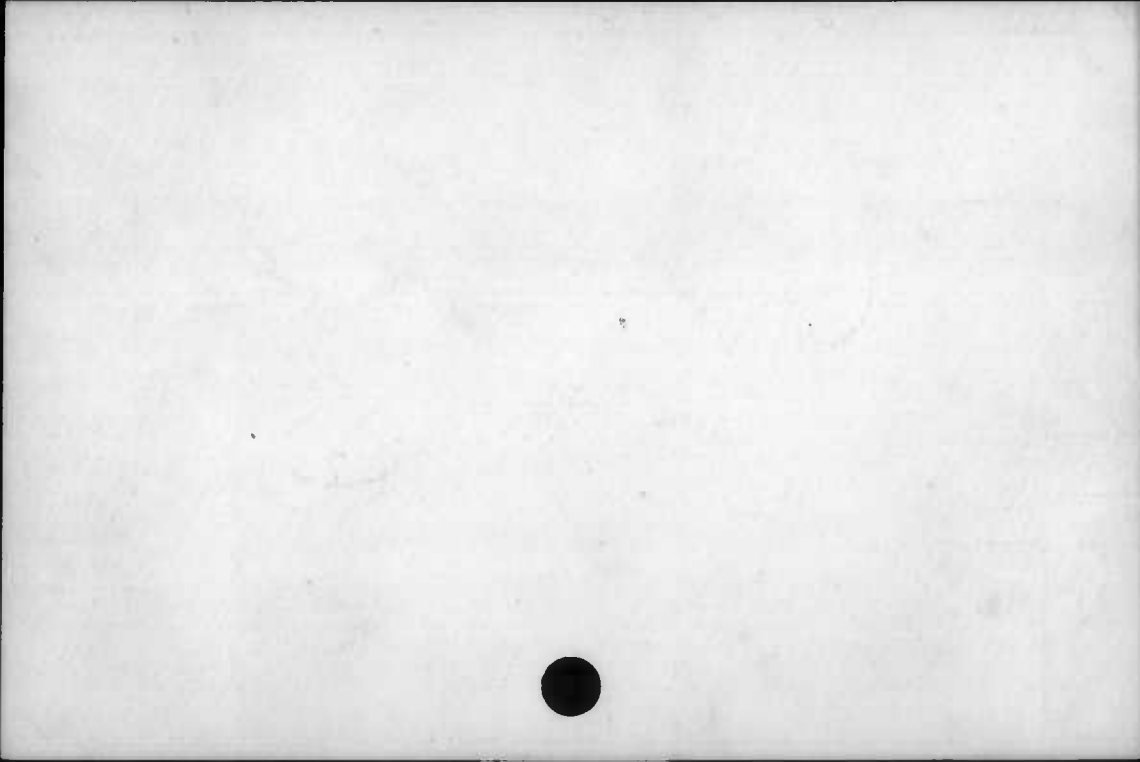
Died at <i>Lisbon</i> Town		<i>Howard</i> County		MARYLAND	
Date of death	1909	Month	April	Day	7.
Age	63	Years	63	Months	1
Sex	Female	Color or Race	White	Birth-place	Frederick Co.
Occupation	Home wife	Where Residing if not at place of death	died at home.		
Married, Single or Widowed	widowed	Name of Wife or Husband	Lanson Crum.		
Father's Name	Solomon Barric.			Father's Birthplace	Frederick Co.
Mother's Maiden Name	Sarah Grischer.			Mother's Birthplace	Frederick Co.
Name of person giving information	Miss Minnie L. Crum.			How related to deceased	daughter

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Measles with Heart Complications</i>	How long	<i>Seven days.</i>
Immediate	<i>Heart Failure</i>	How long	<i>one hour.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Walter Sins, M.D.</i>
		Address	<i>Shenandoah</i>
			<i>Howard Co.</i>
Accident or Suicide?	<i>_____</i>		



Name
in
Full

Fredk. Howard Ennos

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

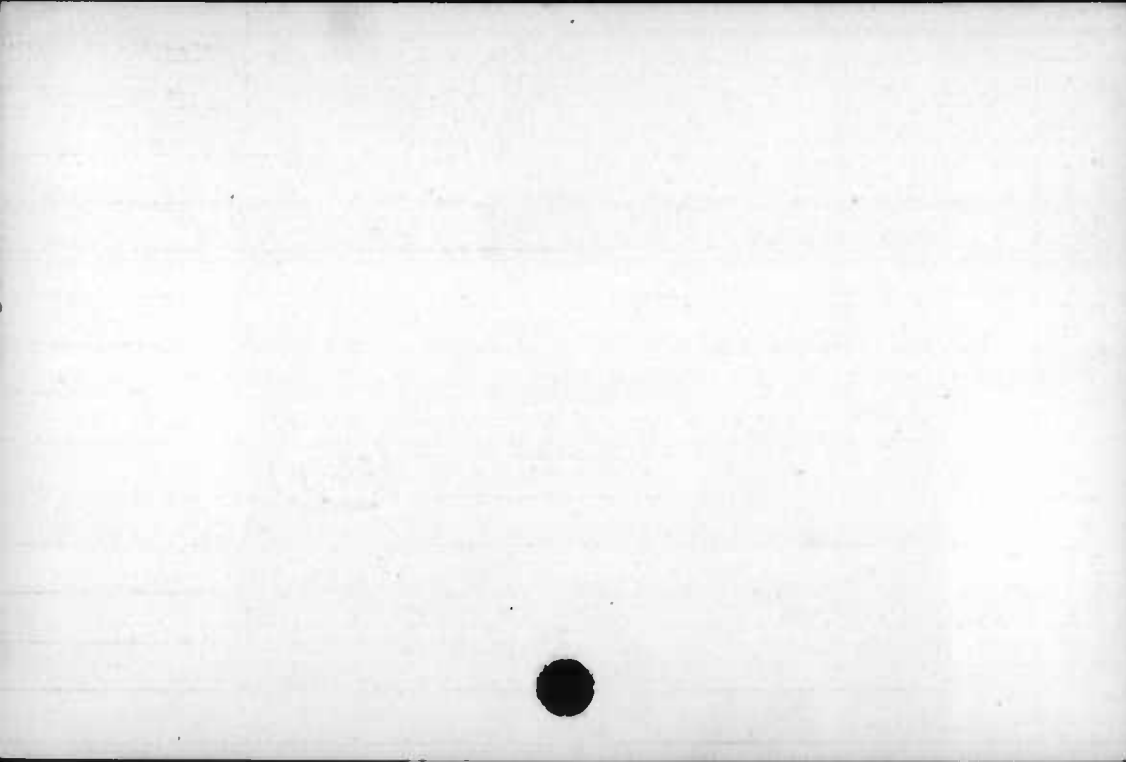
Died at <i>Elk Ridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	1909	Month	April	Day	7
		Age	26	Years	
		Months	1	Days	1
Sex	Male		Color or Race	White	
Occupation	Night agent (R.R.)		Birth-place	Maryland	
Where Residing if not at place of death		<i>Elk Ridge, Md</i>			
Married , Single		Name of Wife or Husband <i>none</i>			
Father's Name		<i>Fredk Ennos</i>		Father's Birthplace <i>London, England</i>	
Mother's Maiden Name		<i>Marta Washington Young</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving information		<i>Fredk. Ennos</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>5 or 6 years</i>
Immediate	<i>Hemoptysis - Manition</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Wm. R. Barekman</i>	
Address		<i>Elk Ridge, Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

Lewis Fuchs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Elkridge Md* ^{town} *Howard* ^{County} **MARYLAND**

Date of death 1909 ^{Month} April ^{Day} 13 ^{Years} Age 25 ^{Months} 2 ^{Days}

Sex *Male* Color or Race *White* Birth-place *Howard Co*

Occupation *Goldsmith* Where Residing if not at place of death *Elkridge Md*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Jacob F Fuchs* Father's Birthplace *Germany*

Mother's Maiden Name *Anna C Fitcher* Mother's Birthplace *" "*

Name of person giving Information *Jacob F Fuchs* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *5 years*

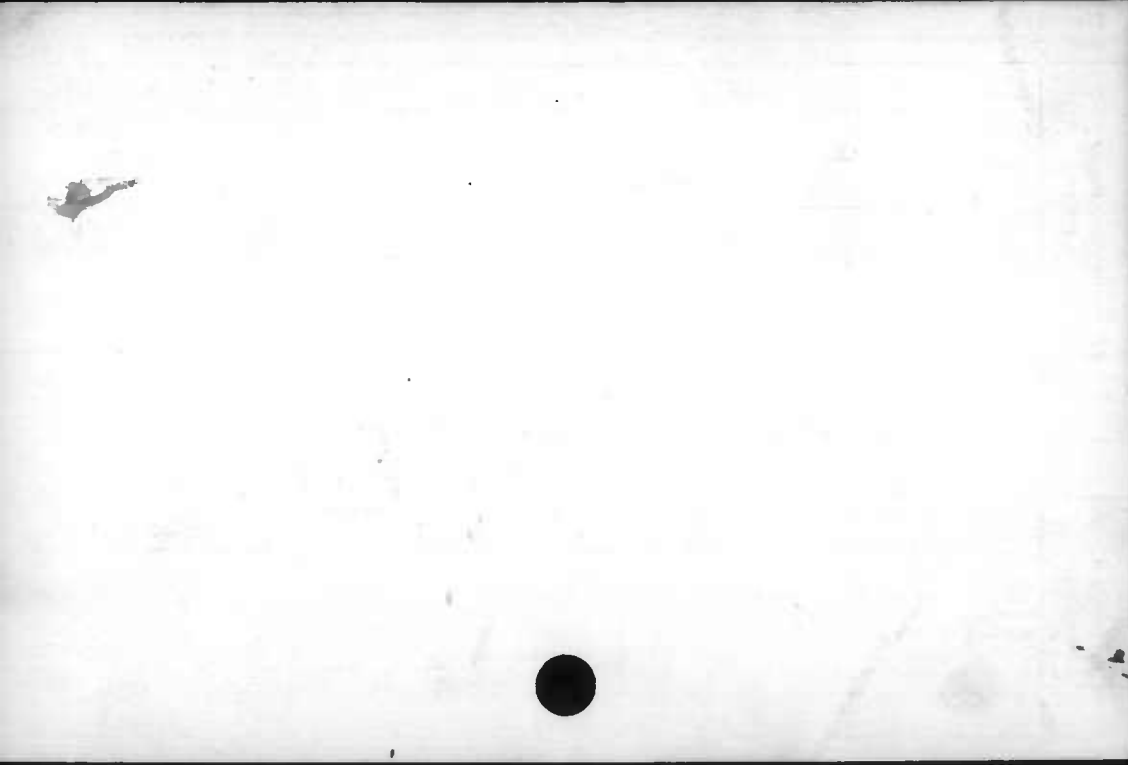
Immediate *same* How long *same*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Arthur Williams*

Address *Elk Ridge Md*

Accident or Suicidal *no*



Name
in
Full

George Griffen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mayfield</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month}	<u>Apr</u> ^{Day}	<u>20</u> ^{Age}	<u>80</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband <u>Isabelle Griffen</u>					
Father's Name <u>Dont Know</u>			Father's Birthplace <u>Dont know</u>		
Mother's Maiden Name <u>Dont Know</u>			Mother's Birthplace <u>Dont know</u>		
Name of person giving information <u>Charles Thomas</u>			How related to deceased <u>Son in Law</u>		

Died while trying to control

CAUSES OF DEATH

174

PHYSICIAN
OR CORONER

Primary	<u>fire, which spread while burning brush.</u>	How long	<u> </u>
Immediate	<u>Exhaustion, Smoke Suffocation</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John W. Hobbs, J. P.</u>	
		Address <u>John W. Hobbs, J. P.</u>	
Accident or Suicide? <u>Accident</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Clara E. Grimes</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Ellicott City</i>		Month <i>April</i>		Day <i>3</i>		Years <i>2</i>	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>3</i>		Age <i>2</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Months <i>2</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Ellicott City</i>		Days <i>27</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>		Father's Name <i>Charles Grimes</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Clara Dorsey</i>		Mother's Birthplace <i>Maryland</i>		How related to deceased <i>Father</i>			
Name of person giving Information <i>Charles Grimes</i>							

CAUSES OF DEATH

90

Primary <i>Bronchitis</i>	How long <i>One Month</i>
Immediate <i>Asthenia</i>	How long <i>3 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Gambrell</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



732

Name
in
Full

Lilly Irine Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Alberton</i>		County <i>Howard</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>28</i>	Age <i>14</i>	Years <i>—</i>	Months <i>—</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Virginia</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Mr Henry Hall</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Virginia Derflinger</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving In formation <i>Virginia Hall</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about 2 years</i>
Immediate <i>Heart failure</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Josephus A. Wright M.D.</i>
	Address <i>Alberton</i>
Accident or Suicide?	<i>Maryland</i>

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ralph Higginbotham
 Died at ^{Town} Ellicott City ^{County} Howard MARYLAND
 Date of death 1909 ^{Month} April ^{Day} 12 Age ^{Years} 62 ^{Months} — ^{Days} —
 Sex Male Color or Race White Birth-place Maryland
 Occupation none Where Residing if not at place of death — — — —
 Married, Single or Widowed Single Name of Wife or Husband none
 Father's Name John B. Higginbotham Father's Birthplace Maryland
 Mother's Maiden Name Francis Clagett Mother's Birthplace Maryland
 Name of person giving Information Frank Higginbotham How related to deceased Brother

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary ^{How long} *arteriosclerosis + Nephritis for yrs*
 Immediate ^{How long} *Heart failure 48 hrs*
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician W. C. Shreve
 Address Ellicott City Md
 Accident or Suicide



236

Name
in
Full✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Robert W Kirby

Town *Ellicott City* County *Howard* MARYLAND

Died at

Date of death 1909 Month *April* Day *8* Age *80* Months *9* Days *no*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Stone Mason* Where Residing if not at place of death *Ellicott City*

Married, Single or Widowed *Widower* Name of Wife or Husband *Charlotte Kirby*

Father's Name *Basil Kirby* Father's Birthplace *Maryland*

Mother's Maiden Name *Barbara Gladman* Mother's Birthplace *Maryland*

Name of person giving Information *Jennie Kirby* How related to deceased *Daughter*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary *Accidental drowning* How long

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *William F. Lee, Coroner* Address *Ellicott City Md.*

Accident or Suicide



Name
in
Full

Frank + Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harwood</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>10th</i>	Age <i>43</i> Years	Months <i>0</i> Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>R.R. Brakeman</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary C. Lawrence</i>				
Father's Name <i>David Lawrence</i>			Father's Birthplace <i>Oxford Pa</i>		
Mother's Maiden Name <i>Mary C. Keckhoefer</i>			Mother's Birthplace <i>Emmittsburg Md</i>		
Name of person giving information <i>Creston Hughes</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>2 years</i>
Immediate <i>Epileptic attacks</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Coroner</i>
	Address <i>Henry S. Bell</i>
Accident or Suicide? <i>Ap 11th / 09</i>	<i>Elk Ridge Md</i>



Name
in
Full

Lillie Gertrude McDonald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Alberton</i>		^{County} <i>Howard</i>		MARYLAND	
Date of death	^{Month} <i>April</i>	^{Day} <i>1st</i>	Age	^{Years} <i>—</i>	^{Months} <i>7</i> ^{Days} <i>23</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Alberton, Md</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>John C. McDonald</i>			Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Lucy J. McDonald</i>			Mother's Birthplace	<i>Virginia</i>
Name of person giving Information	<i>John C. McDonald</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>4 weeks</i>
Immediate	<i>Asthenia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. B. Gaubill</i>
<i>Yes</i>		Address	<i>Ellicott City, Md.</i>
Accident or Suicide <i>—</i>			



88-1

Name
in
Full

Della M. McLain

CERTIFICATE OF DEATH

Died at *Sixth* ^{Town} *Howard* ^{County}

MARYLAND

Date of death *1909* ^{Month} *April* ^{Day} *16* ^{Years} *36* ^{Months} *4* ^{Days} *14*Sex *Female* Color or Race *White* Birth-place *Tennessee*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *George J. McLain*Father's Name *Thomas J. Arterburn* Father's Birthplace *Tennessee*Mother's Maiden Name *Rosanna Bailey* Mother's Birthplace *Tennessee*Name of person giving information *George J. McLain* How related to deceased *Husband*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *1 year*Immediate *Asthenia* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *yes*

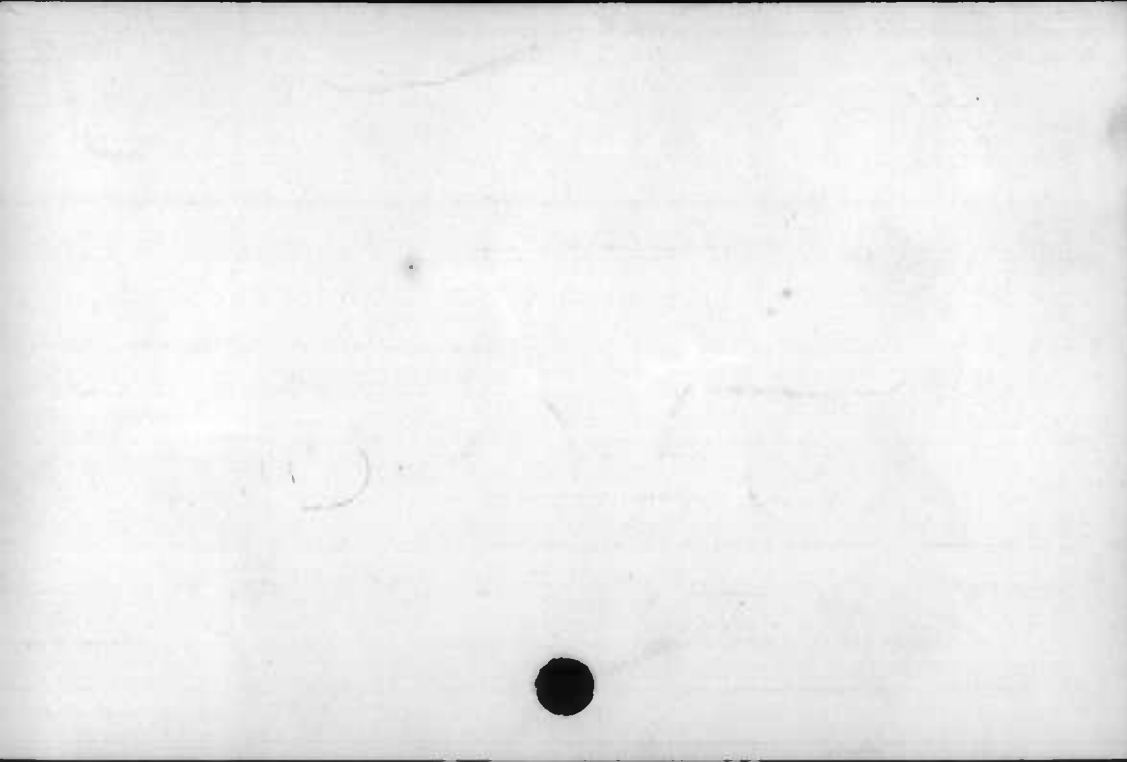
Signature of Physician

Address

*Laurel**Med*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Ann Mara

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

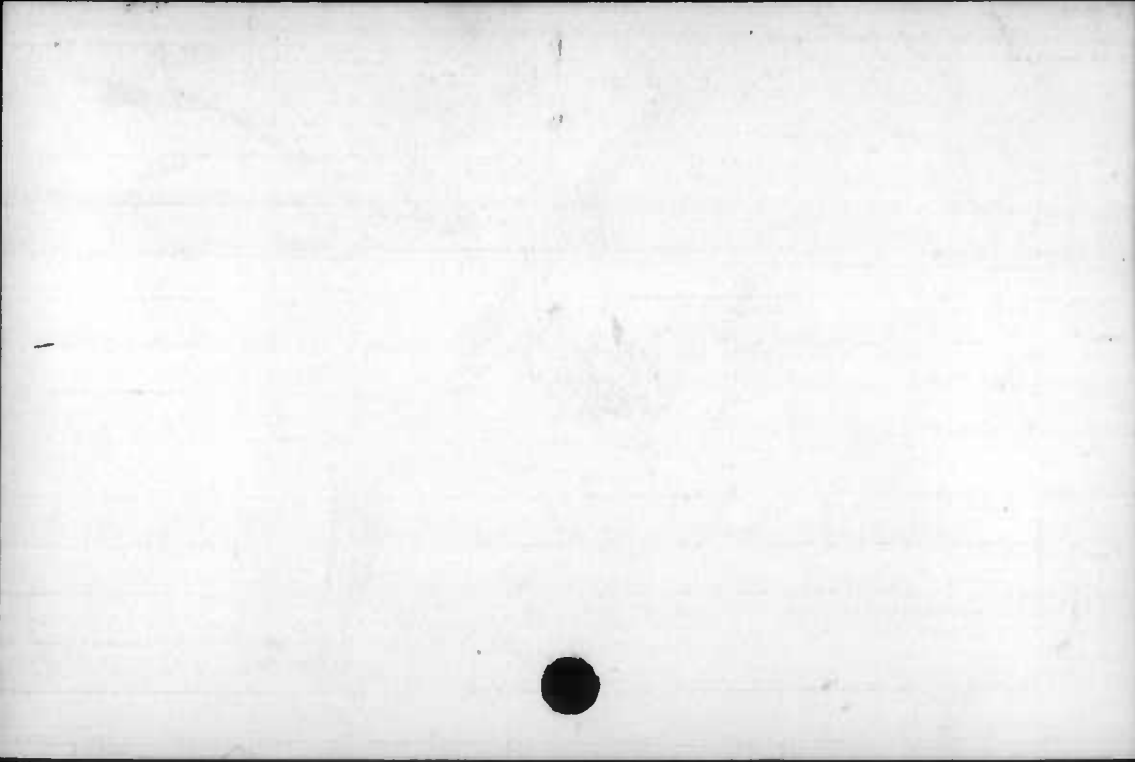
Died at <i>Eek Ridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Aprile</i>	Day <i>6</i>	Age <i>71</i>	Months <i>6</i> Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Eek Ridge, Md</i>				
Married, Single or Widowed	Name of Wife or Husband <i>James Mara</i>				
Father's Name <i>William Gambrise</i>	Father's Birthplace <i>A.A.C. Md</i>				
Mother's Maiden Name <i>Flavilla Jones</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>James Mara</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebrae hemorrhage - Hemiplegia</i>	How long <i>3 years</i>
Immediate <i>Cerebrae Atrophy</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. R. Eareckson</i>
	Address <i>Eek Ridge, Md</i>
Accident or Suicide? <i>No</i>	



Name
In
Full

Mary Margaret Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

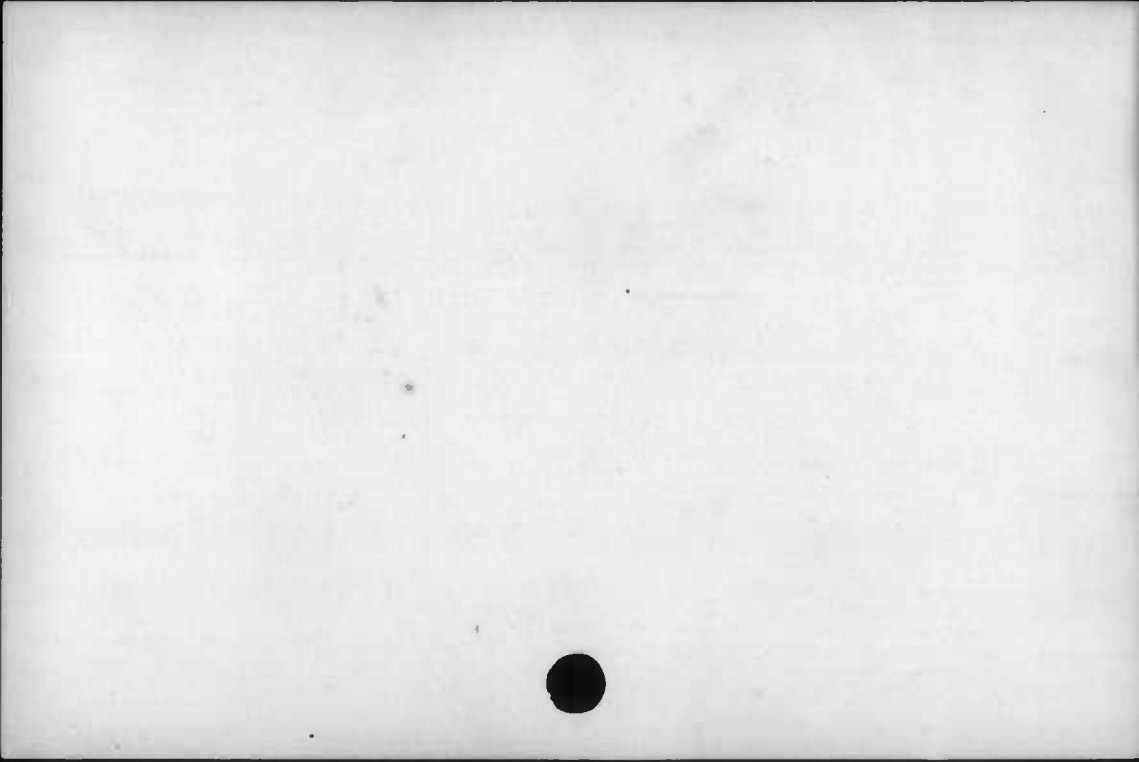
Died at <i>near Long Corner</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>3</i>	Age <i>64</i>	Years <i>10</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>House-wife</i>	Where Residing if not at place of death <i>above</i>						
Married, Single or Widowed <i>married</i>	Name of Wife <i>Albert</i> Husband <i>F. Miles</i>						
Father's Name <i>George Walker</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Margaret Boyer</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Albert Miles</i>	How related to deceased <i>Husband.</i>						

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of liver</i>	How long <i>Two months</i>
Immediate <i>The same</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. W. Lacy</i>
	Address <i>Linton Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Myers</i>		Town <i>Fulton</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Fulton</i>							
Date of death <i>1909</i>		Month <i>April</i>		Day <i>20</i>		Years <i>720</i>	
						Months <i>9</i>	
						Days <i>no</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Fulton</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Charles H. Myers</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Elizabeth Johnson</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>C. H. Myers</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Colic (?)</i>	How long <i>two or three days</i>
Immediate <i>convulsions</i>	How long <i>4 hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. L. Cissel</i>
	Address <i>Highland Md.</i>
Accident or Suicida	



137

Name
in
Full

John Owen

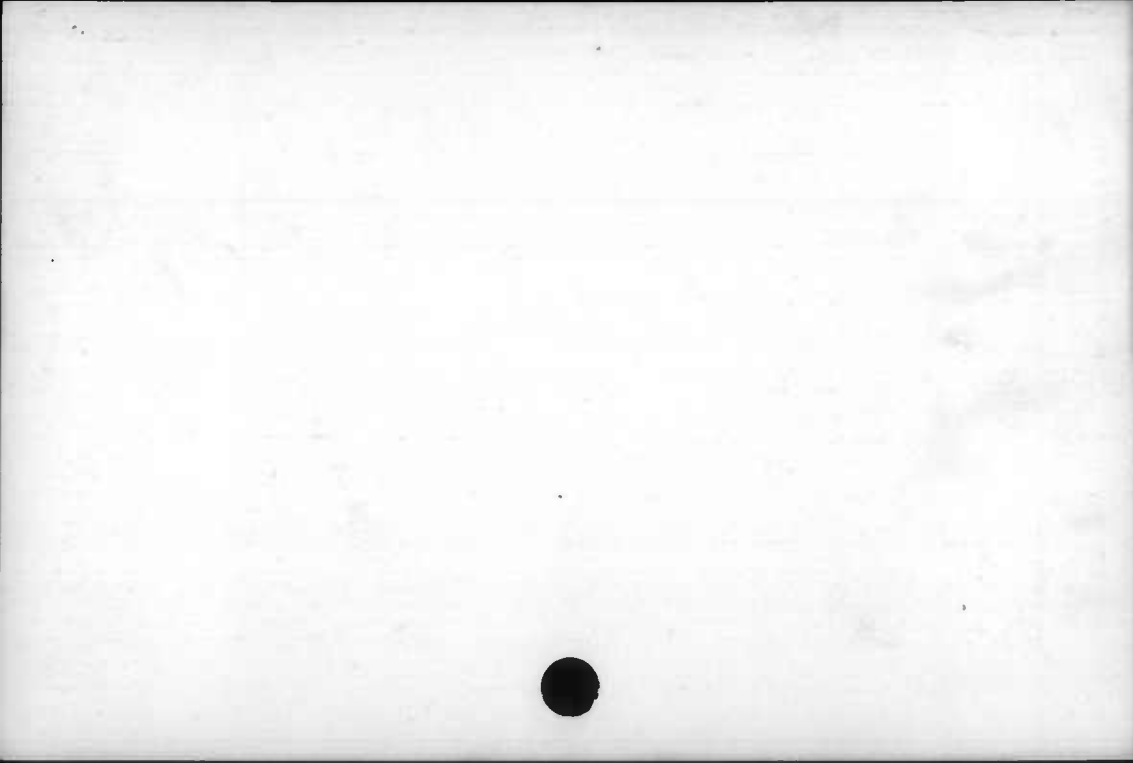
CERTIFICATE OF DEATH

Died at Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death	1909	Month 4	Day 11	Age Years 66+	Months Days
Sex <i>man</i>	Color or Race <i>white</i>		Birth- place <i>Md</i>		
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Savage Md</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Sarah Jane Owen</i>				
Father's Name <i>Charles Owen</i>	Father's Birthplace <i>England</i>		Mother's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sarah Horton</i>	Name of person giving Information <i>Elizabeth Fickens</i>		How related to deceased <i>sister</i>		

CAUSES OF DEATH

123

PHYSICIAN OR CORONER	Primary <i>Chronic Leptitis</i>	How long <i>2 years</i>
	Immediate <i>Exhaustion</i>	How long <i>prolonged</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Whitticum M.D.</i>
	Address <i>Savage Md</i>	
Accident or Suicide? <i>no</i>		



Name
in
Full

Ferdinand B. Poe

CERTIFICATE OF DEATH

Died at

Highland

Town

County

Howard

MARYLAND

Date
of death

1909

Month

April

Day

7

Years

Age

65

Months

10

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

Highland

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Ellen Brown

Father's
Name

Arthur Poe

Father's
Birthplace

Md

Mother's
Maiden Name

Sallie Dorsey

Mother's
Birthplace

Md

Name of person giving
Information

Miss Sallie Poe

How related
to deceased

daughter

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

48 hrs

Immediate

Asthma Cardiac

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W W L Cissel

Address

Highland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



732

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

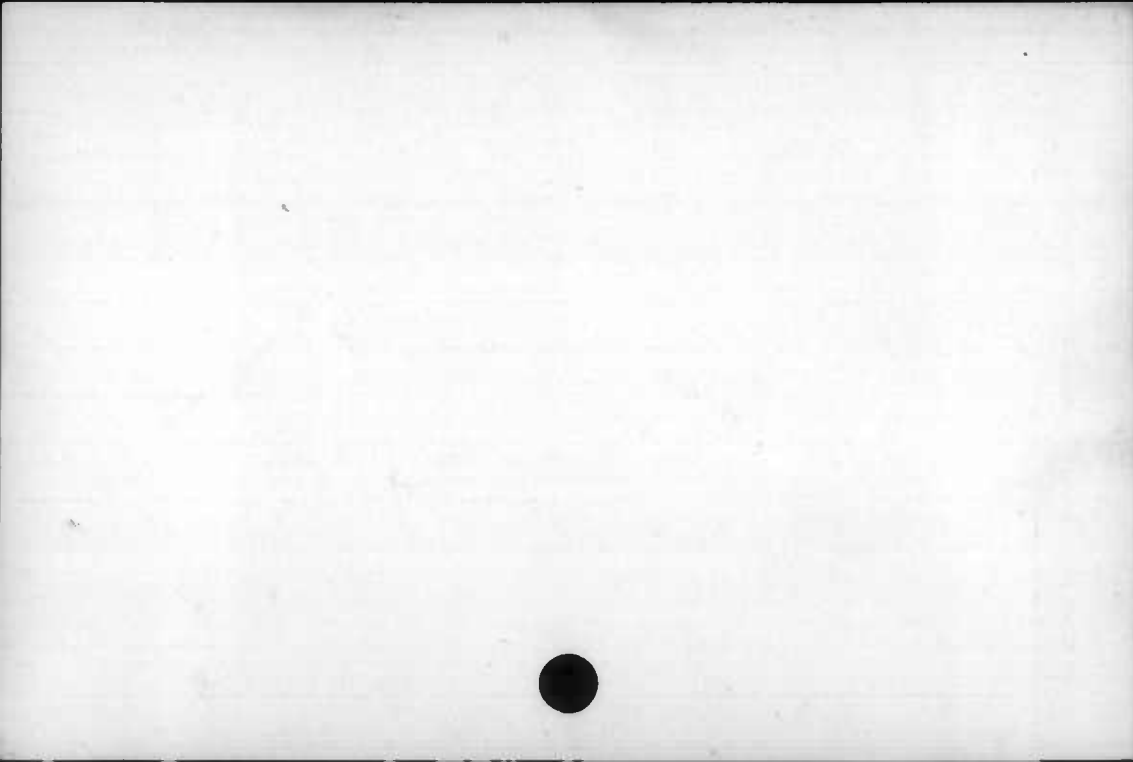
Died <i>near Florence</i>		Town <i>Howard</i>		County	
Date of death 190 <i>9</i>	Month <i>April</i>	Day <i>11</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Howard Co. Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Baby</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Uriah W. Rugh</i>			Father's Birthplace <i>Mont Co. Md</i>		
Mother's Maiden Name <i>Lucy W. Waufeld</i>			Mother's Birthplace <i>Howard Co. Md</i>		
Name of person giving information <i>Uriah Rugh</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Obstructed Birth</i>	How long <i>days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. W. Waufeld</i>
	Address <i>Ciceton, Md</i>
Accident or Suicide?	



Name
in
Full

Lathu Conrad. Rebhan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elchester		County Howard		MARYLAND	
Date of death		Month April	Day 21	Years Age 52	Months	Days	
Sex Male	Color or Race White	Birth-place Baltimore					
Occupation Catholic Priest	Where Residing if not at place of death Elchester College						
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name not known		Father's Birthplace Germany					
Mother's Maiden Name not known		Mother's Birthplace Germany					
Name of person giving Information Father Firley		How related to deceased not stated					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long 1 year
Immediate	Euramic poisoning	How long 4 hours
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician Thomas B. Oringo		
Address		
Accident or Suicide		

III +

1. 1. 1. 1. 1.



738

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

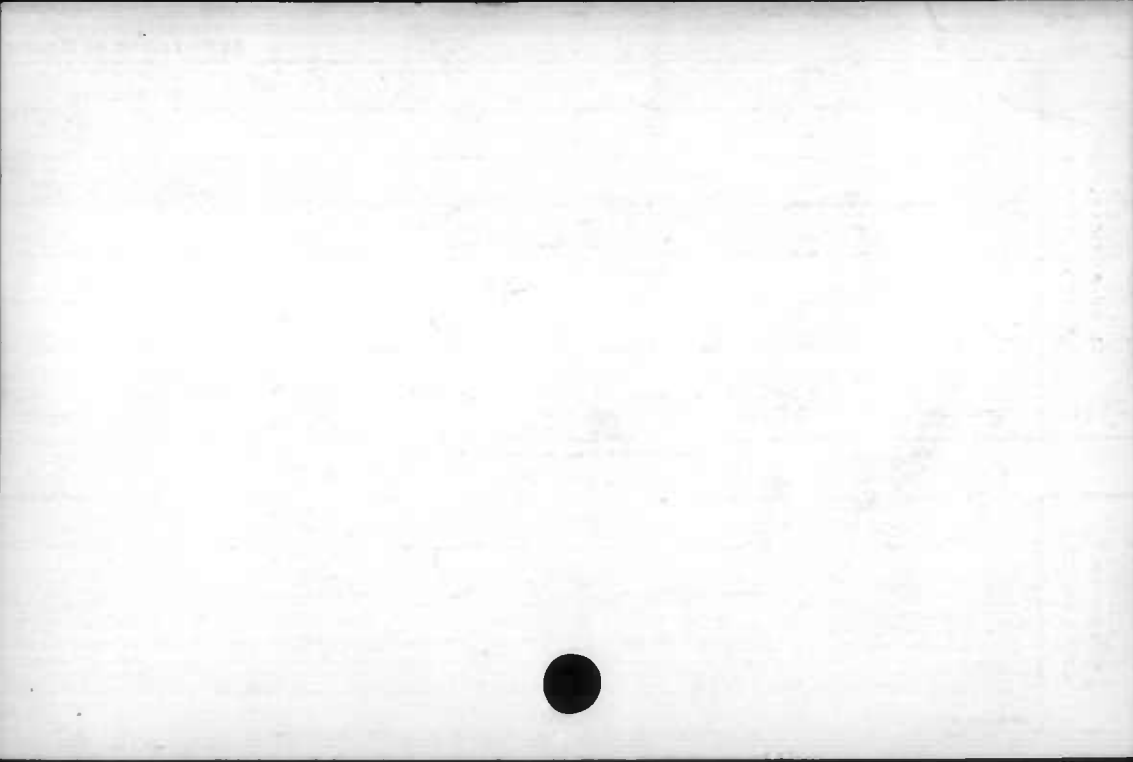
Name <i>George W. Reinhart</i>		Town <i>Dorsey</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Died at		Month <i>April</i>		Day <i>28</i>		Years <i>49</i>	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>28</i>		Age <i>49</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sophia Reinhart</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>May Schumann</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Accidental, killed on B&O R.R.</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harry Bell Lechner</i>	
		Address <i>Elk Ridge Ind.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

not named. Robinson

Town Elk Ridge County Howard MARYLAND

Died at Elk Ridge Howard

Date of death 1909 April 14th Age 10 years Months Days

Sex Male Color or Race white Birth-place Elk Ridge Ind

Occupation none Where Residing if not at place of death Elk Ridge Ind

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Everett Robinson Father's Birthplace Maryland

Mother's Maiden Name Viola K Vermillion Mother's Birthplace Maryland

Name of person giving Information Aunt Vermillion How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary injury in child birth How long

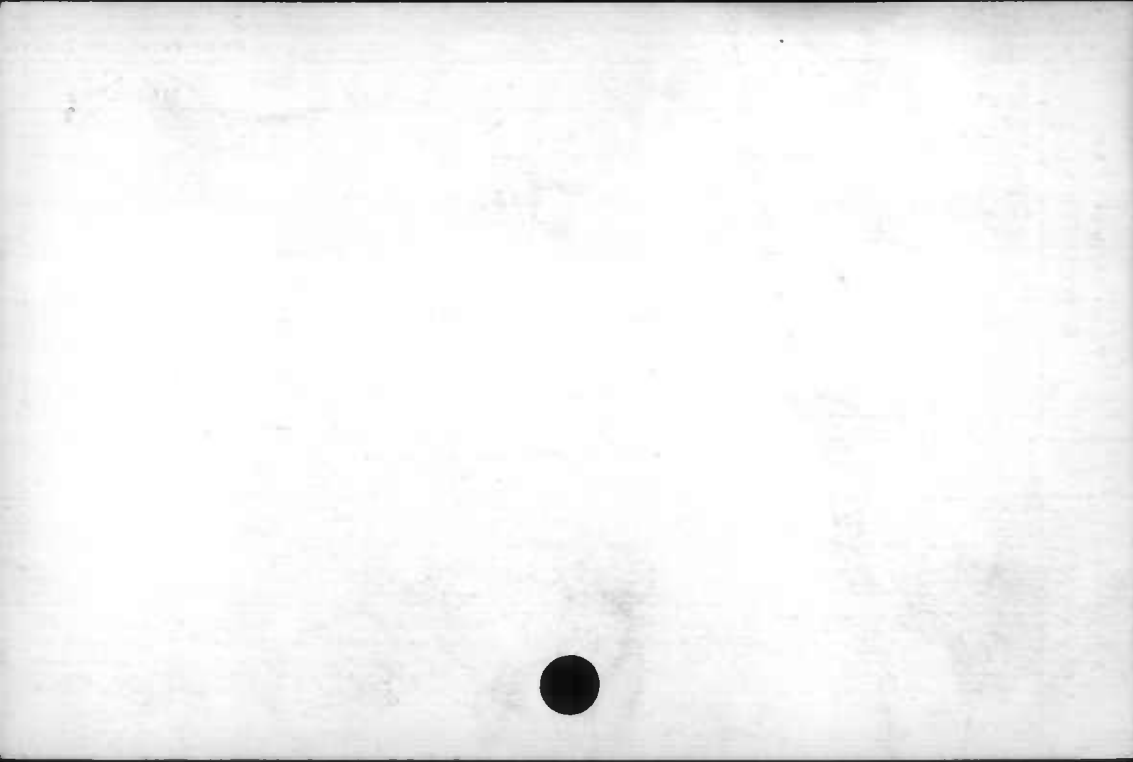
Immediate cause How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Arthur Williams

Address Elk Ridge Ind

Accident or Suicide no



Name
in
Full

Chew Selby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

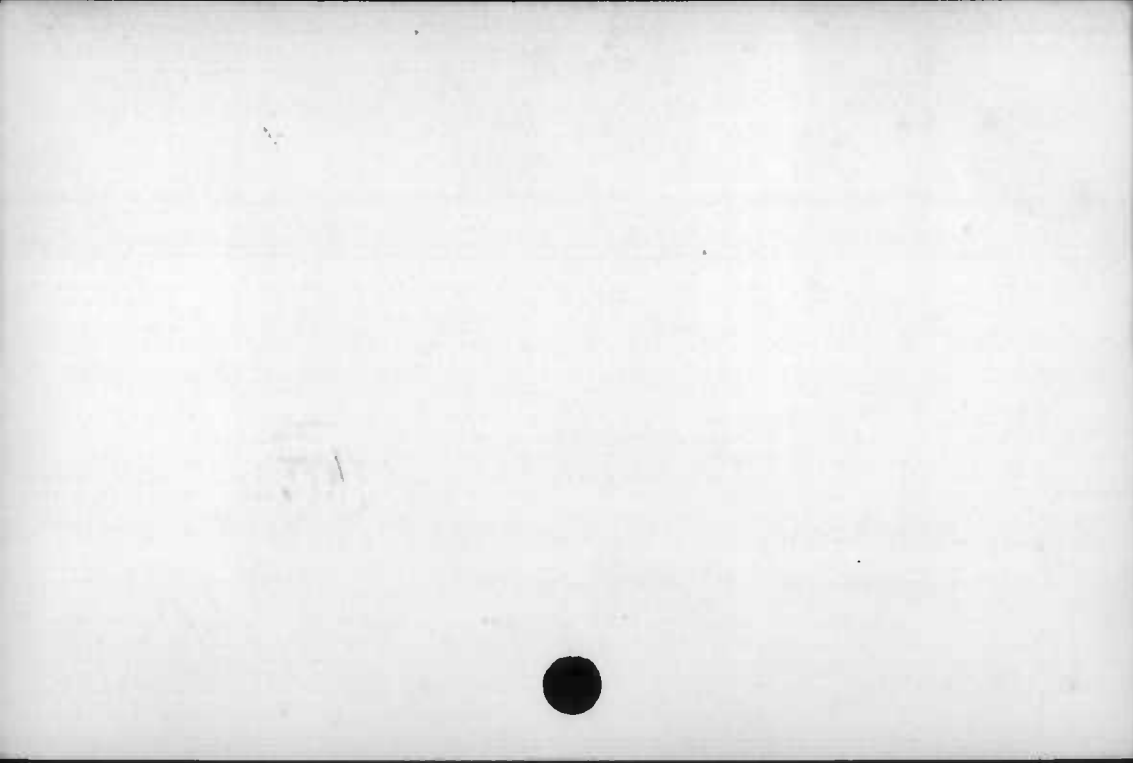
Died <i>near Lisbon</i>		Town		County <i>Howard</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>13</i>	Age	Years	Months	Days <i>2 hours</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Above</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Howard G. Selby</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary C. Hobbs</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Mary C. Selby</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	<i>Ascites</i>	How long	<i>Born in</i>
Immediate	<i>The same</i>	How long	<i>that condition</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Lacy</i>	
		Address <i>Lisbon</i>	
Accident or Suicide?		<i>Ind</i>	



Name
in
Full

Willard, No. Singleberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

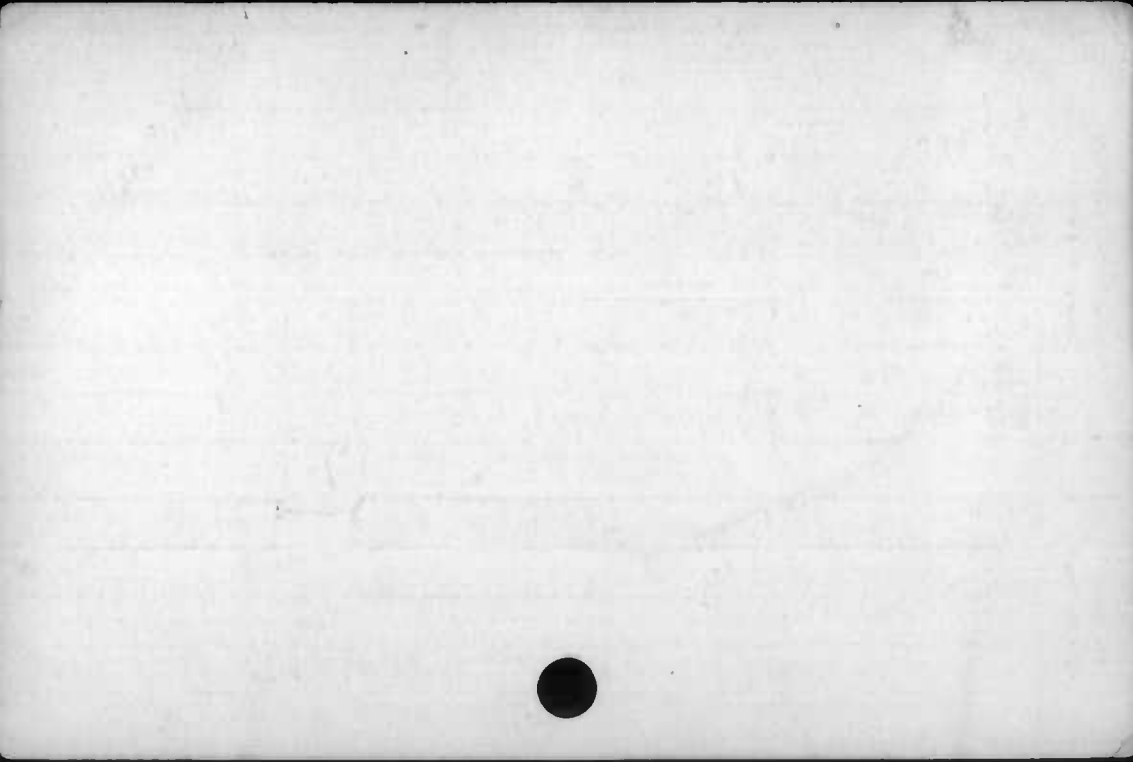
Died at <i>alpha</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>April</i>	Day	<i>2nd</i>
Age		<i>12</i>	Years	<i>5</i>	Months
Sex		<i>male</i>	Color or Race	<i>white</i>	Birth-place
Occupation		<i>none</i>	Where Residing if not at place of death		
Name of person giving information		<i>Conrad Hines</i>			<i>at home</i>
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>August Singleberg</i>		Father's Birthplace	
Mother's Maiden Name		<i>Sallie Hines</i>		Mother's Birthplace	
Name of person giving information		<i>Conrad Hines</i>		How related to deceased	
				<i>Grandfather</i>	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>nephritis + uraemia</i>	How long	<i>about 1 month</i>
Immediate	<i>uraemic coma</i>	How long	<i>about 48 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Benj. F. Shipley M.D.</i>	
Address		<i>alpha</i>	
Accident or Suicide?		<i>Howard Co Md</i>	



Name
in
Full

Charles Gaitor Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

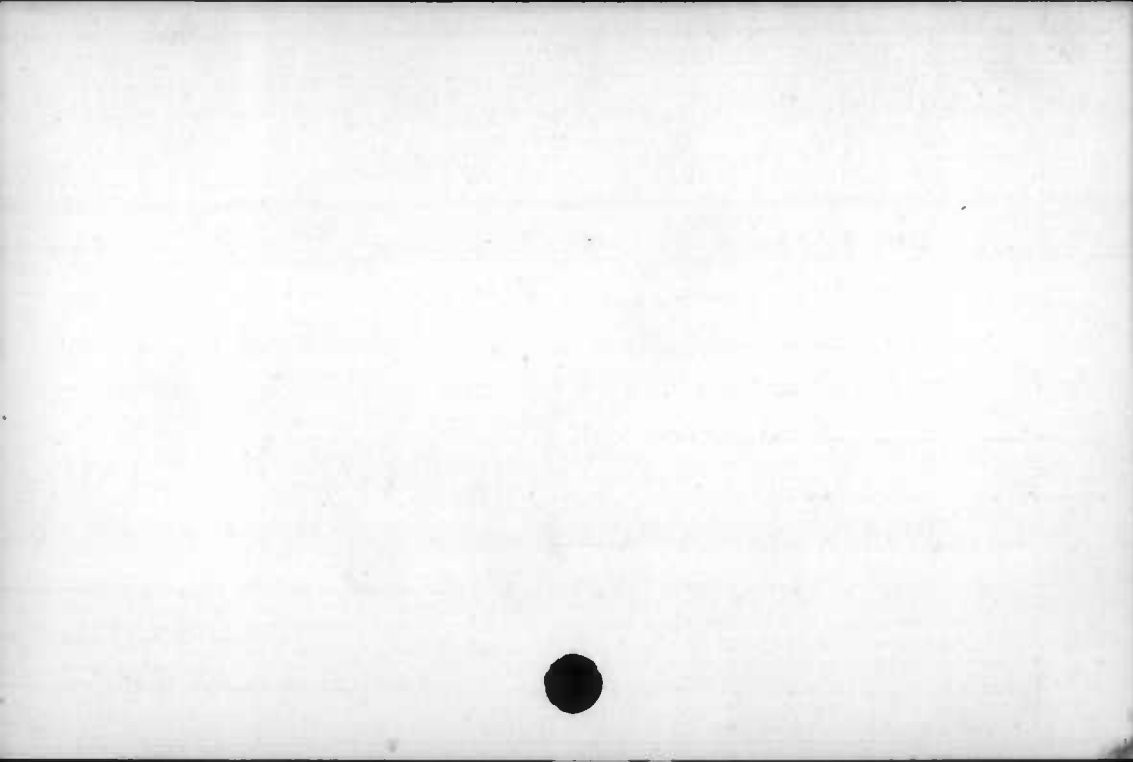
Died at <i>Rover</i> Town		County <i>Howard</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>21</i>	Age <i>77</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joanna Smith</i>				
Father's Name <i>Abn Smith</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace				
Name of person giving information <i>William Henry Smith</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>2 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. H. Smith</i>
	Address <i>West Friendship</i>
Accident or Suicide? <i>—</i>	<i>Howard Co. Md.</i>



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

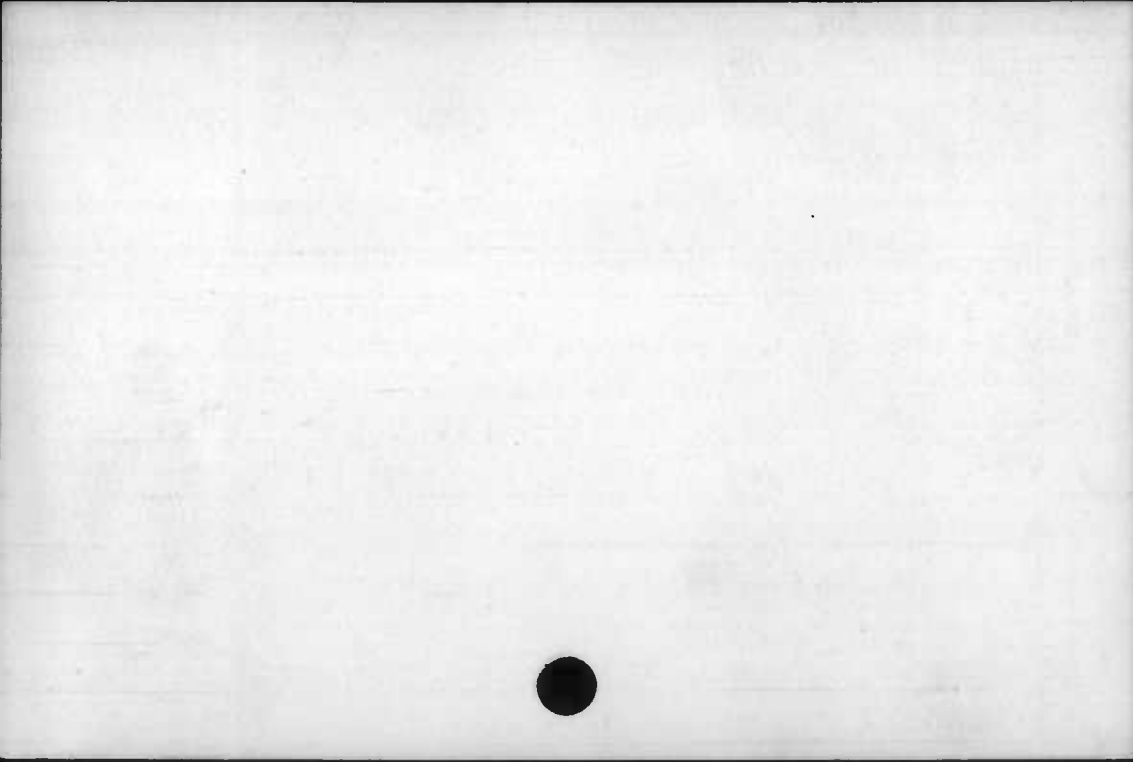
Died at <i>New Savage</i>		Town <i>New Savage</i>		County <i>Hannover</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>April</i>	Day <i>18th</i>	Age <i>72</i>	Years <i>72</i>	Months <i>..</i>	Days <i>..</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation <i>Horse Keeper</i>		Where Residing if not at place of death <i>New Savage</i>					
Married, Single or Widowed <i>yes</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Nathan Shorter</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Ruth Shorter</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mary Smith</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>4 or 5 years</i>
Immediate <i>Exhaustion</i>	How long <i>progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Whitman M.D.</i>
	Address <i>Savage Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Elk Ridge</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1909 April</i>		Month <i>30</i>		Day <i>73</i>		Years <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>27</i>	
Occupation <i>Housewife</i>		Where Residing If not at place of death <i>Near Elk Ridge, Md.</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Samuel Thompson</i>					
Father's Name <i>Samuel Barnes</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth Sampson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Mrs. John Buckingham</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Age. Debility</i>	How long <i>2 years</i>
Immediate <i>Cardiac dilatation</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Elk Ridge, Md.</i>
Accident or Suicide?	



Name
in
FullElizabeth A. Zimmerman
Savage

CERTIFICATE OF DEATH

Died at

Savage

County

Howard

MARYLAND

Date

of death

1909

Month

Apr.

Day

30

Age

Years

60

Months

10

Days

19

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Savage

Married, Single
or Widowed

Married

Name of Wife or
Husband

George R. Zimmerman

Father's
Name

Benj. F. Disley

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah A. Anderson

Mother's
Birthplace

Md

Name of person giving
Information

Sarah C. Horn

How related
to deceased

Sister

CAUSES OF DEATH

48

Primary

Arteriosclerosis

How long

3 years

Immediate

Exhaustion

How long

progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

William M.D

Address

Savage

Md

Accident or Suicide?

Mishap

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

